

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

137

1. PLACE OF DEATH

County DooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No. 1)St. Mo. Ward 8

2. FULL NAME

Annie L. Wilhite(a) Residence, No. 711 Tandy St. 1 Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OFJoseph Wilhite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

6-17-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.73624

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

Wm A. Wade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

15. MAIDEN NAME

Harriet Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Joseph Wilhite
Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 1-12-1932

19. UNDERTAKER (ADDRESS)

W. F. Vandevanter
Columbia Mo.

20. FILED

1/12/32 F. C. Subgett
Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-193222. I HEREBY CERTIFY, That I attended deceased from November 1929 to 1-11-1932I last saw her alive on 1-11-1932 Death is saidto have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

July 12, 1931
Pernicious Anemia
Progressive Anemia
71A

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? P. blood test Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) D. E. H. Wilhite M. D.(Address) Columbia Mo.

